



STATE OF IDAHO
ELEVATOR ACCIDENT REPORT
Division of Building Safety
Industrial Safety - Elevator Safety Program
1090 E. Watertower St. Meridian, ID 83642
(208) 334-2129, Fax (208) 855-9494
www.state.id.us/dbs/industrial



INSTRUCTIONS:

- Submit this report to the Division of Building Safety.
- This form is to be completed by the owner or owner's representative of the elevator/conveyance.
- Please complete a form for each accident.

SITE INFORMATION:

OWNER INFORMATION:

Site Name:	Owner Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Contact:	State ID#
Title:	Last Inspection Date:
Phone:	First Accident at this site? <input type="checkbox"/> Yes <input type="checkbox"/> No
State ID #:	Serial Number:

ACCIDENT INFORMATION

Injured party(s) information	Report time of accident
Name:	Date:
Address:	Time:
City: State: Zip:	Primary Witness:
Home Phone: Zip:	Name:
Work Phone:	Address:
Medical attention required? Yes <input type="checkbox"/> No <input type="checkbox"/>	City/State / Zip:
	Home Phone: Work Phone:

DEPARTMENT USE ONLY

DIVISION INSPECTION/CONSULTATION

STATUS/PROBABLE CAUSE INFORMATION

Date inspected : ____/____/____ contacted: ____/____/____ Time arrived / contacted: ____ Hours: Travel: ____ Inspection Time: ____ <input type="checkbox"/> Site Inspection Necessary <input type="checkbox"/> Phone consultation only Unit operational at time of arrival or contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Status Did unit require repair / adjustments? <input type="checkbox"/> Yes <input type="checkbox"/> No Upon inspection was unit fully operational? <input type="checkbox"/> Yes <input type="checkbox"/> No Was unit returned to active service? <input type="checkbox"/> Yes <input type="checkbox"/> No Probable cause <input type="checkbox"/> Apparent human error <input type="checkbox"/> Apparent vandalism / abuse <input type="checkbox"/> Obvious equip. malfunction <input type="checkbox"/> Operating environment <input type="checkbox"/> Apparent misuse of equip. <input type="checkbox"/> Unable to determine cause <input type="checkbox"/> Other _____
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ACKNOWLEDGEMENT

The owner or owner's representative acknowledges that this unit cannot be used for any purpose nor returned to active service until a safety inspection has been performed by the Division of Building Safety and a Certificate to Operate has been obtained. All outstanding fees relating to this unit must be paid in full. Failure to abide by these regulations will affect the Certificate to Operate.

Effective: _____
State Elevator Inspector: _____ No: _____ Date: _____
Owner or owner's representative: _____ Date: _____

INSPECTOR'S DESCRIPTION OF INSPECTION OR CONSULTATION

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CONTINUATION OF ACCIDENT REPORT FORM:



**STATE OF IDAHO
DIVISION OF BUILDING SAFETY
1090 E. WATERTOWER ST.
MERIDIAN, ID 83642
(208) 332-2129 FAX (208) 855-9494**



INSPECTOR'S DESCRIPTION OF INSPECTION OR CONSULTATION

This image shows a full page of blank, lined paper. It features approximately 28 evenly spaced horizontal blue or grey lines across the entire width of the page. The lines are thin and consistent in color and thickness. There are no margins, text, or other markings present on the paper.